

Private School Teacher Variance Request

PLEASE PRINT

RETURN TO:

Private School Education Program Professional
1749 N. Stewart Street, Suite 40
Carson City, NV 89706-2543

Private School: _____

_____ Date _____

Candidate's Name _____

Position to be filled: Grade _____ Subject _____

Ways to qualify to teach in Nevada Private Schools:

	1	2	3
NAC 394.050 (2)	Valid Nevada Teacher License OR Valid Out-of-state Teacher License	Bachelor's Degree PLUS 3 yrs Verified Experience PLUS Occupational Permit	Master's Degree PLUS 1 year Verified Experience PLUS Occupational Permit

Which of the qualifications in box 2 or 3 does your candidate possess? (Attach documentation)

Specifically, which qualifying condition cannot be met by your candidate at this time?

What indication do you have that this candidate will be an effective teacher for your students?

Signature of Liaison, Director, Principal or Owner (CIRCLE ONE)

Approval: _____
Director, Office of Charter Schools

Disapproval: _____
Director, Office of Charter Schools

Date

Comments: _____
